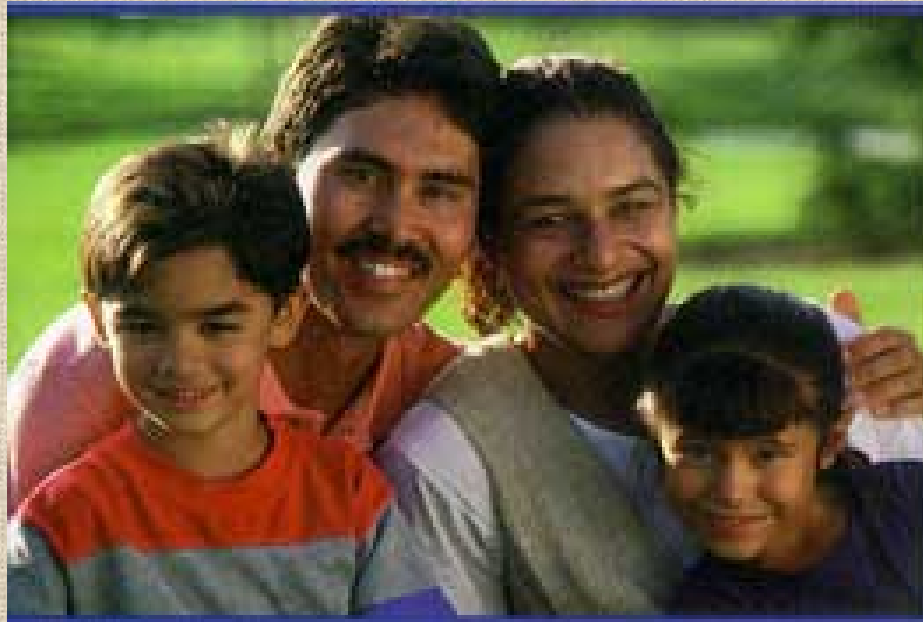


# **Factors Affecting Asthma Prevalence Estimates Among Hispanics in Washington State**



**Washington State  
Department of Health**



## **Why Focus on Hispanic Data?**

During the development of the Washington State Asthma Plan, it was identified that there was limited data on Hispanic/Latino in Washington State.

This presentation is designed to begin to address that gap and increase our knowledge of the needs of Hispanics/Latinos in Washington State.

# The Washington State Asthma Plan

The Washington State Asthma Plan was developed by the Washington Asthma Initiative (WAI), in partnership with the Department of Health and the American Lung Association of Washington and 70 other stakeholders statewide.

The WAI is an organization designed to mobilize individuals, organizations, and communities throughout the state to improve the prevention, diagnosis, and management of asthma in order to decrease its individual and societal burdens.

# **Data presented in this report is from the Behavioral Risk Factor Surveillance System (BRFSS)**

Sponsored by the National Center for Chronic Disease Prevention and Health Promotion (CDC), the BRFSS is the world's largest telephone survey. Utilizing random digit dialing, BRFSS tracks health risks in the United States. Information from the survey is used to improve the health of the American people.

For further information please visit the BRFSS website at  
<http://www.cdc.gov/brfss/about.htm>



**2,259 respondents to the 2003 & 2004 BRFSS identified themselves as *Hispanic*.**

**Of those, 162 were classified as having “current asthma” by answering “yes” to the following two questions:**

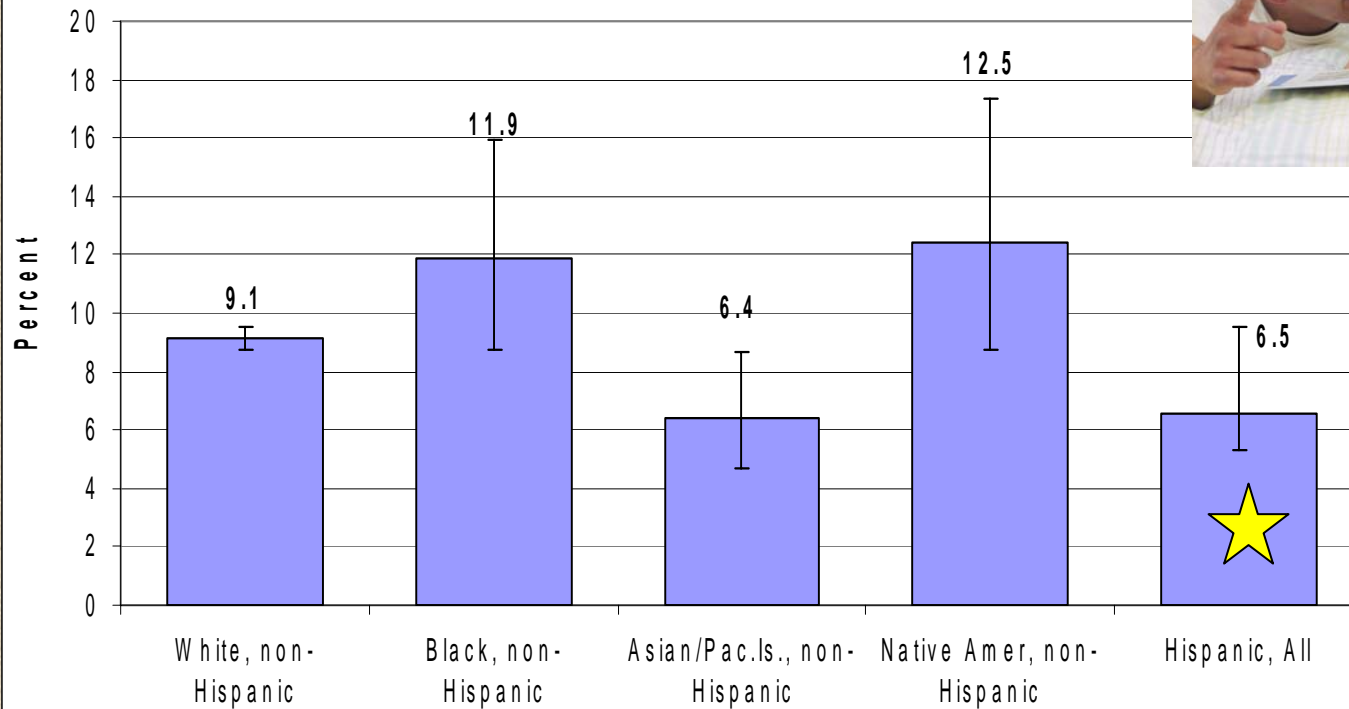
- 1) Have you ever been told by a doctor, nurse, or other health professional that you had asthma?**
- 2) Do you still have asthma?**

# **Non-agreement between data, research and field reports**

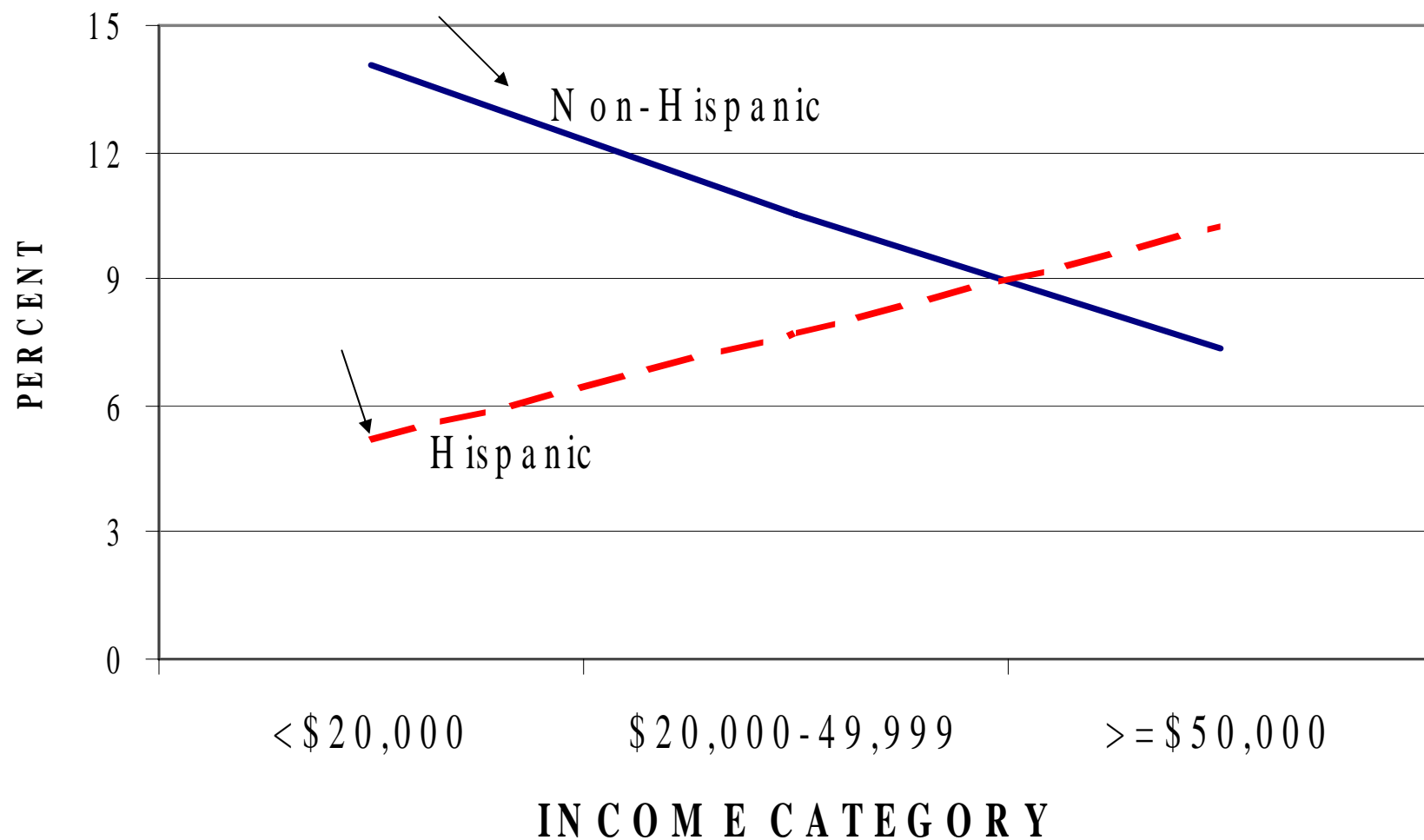
- Analysis of asthma data by race/ethnicity showed low prevalence among Hispanics
- Washington Hispanics are much more likely to have very low income than other groups
- Low income is usually linked with high asthma prevalence
- There were persistent field reports of high asthma prevalence among some Hispanics

# WA 2003-2004 BRFSS data showing low asthma prevalence among Hispanics

Washington state asthma prevalence by race/ethnicity,  
2003-2004 BRFSS



# Asthma Prevalence in Washington State by Household Income and Ethnicity, 2004 BRFSS



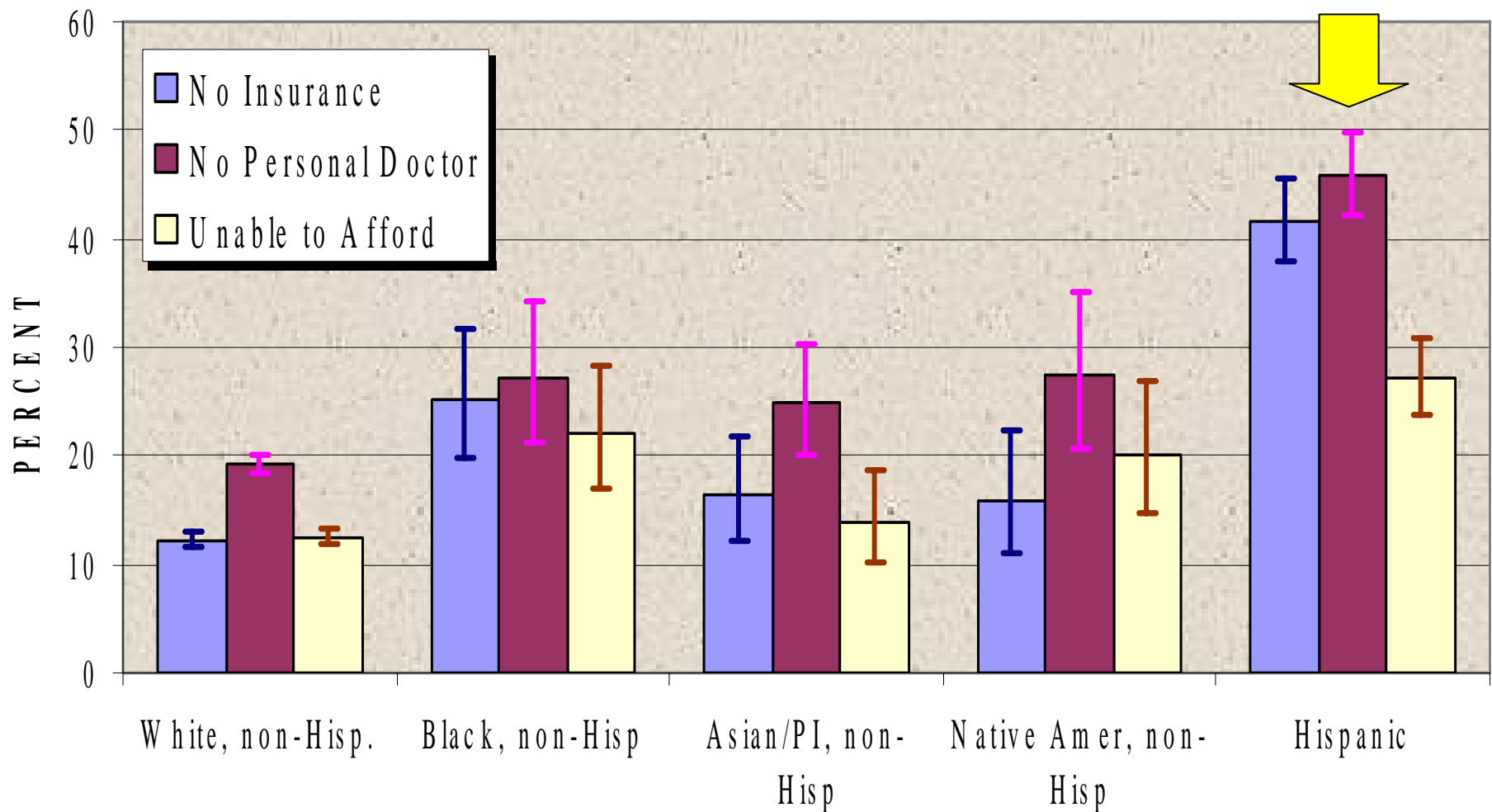


*What would cause an  
increase in asthma  
prevalence as income  
increased?*

*Were low-income Hispanics  
reporting less asthma because  
they didn't have it –*

*or because they didn't know  
they had it because it had not  
been diagnosed?*

# Access to medical care among Washington state adults, by race/ethnicity, 2004 BRFSS



In 2003, Washington began offering the BRFSS in Spanish.

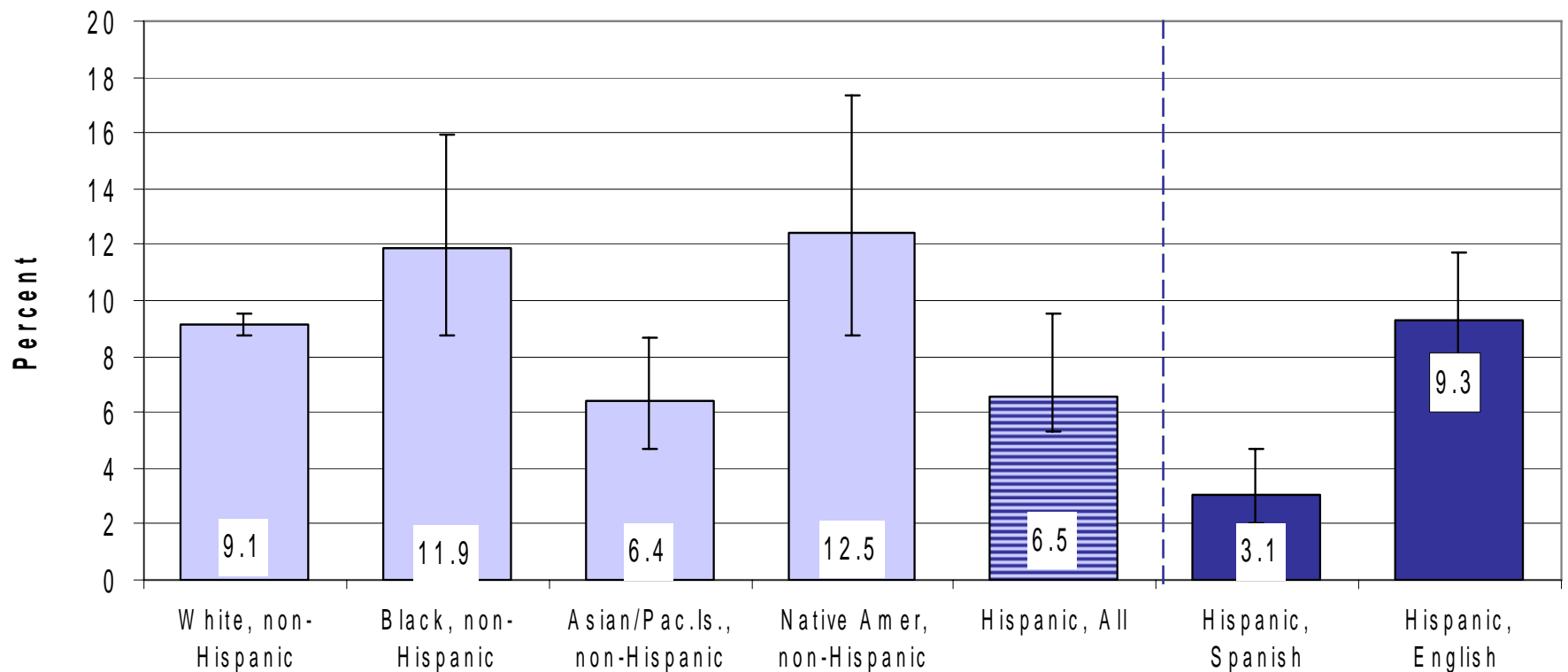
42% of Hispanics chose to take the survey in Spanish during 2003 and 2004.

*Did English-speaking Hispanics report the same asthma prevalence as Spanish-speaking Hispanics?*



# 2003-2004 Asthma prevalence among Washington adults, by race/ethnicity, with breakdown of Hispanic by language

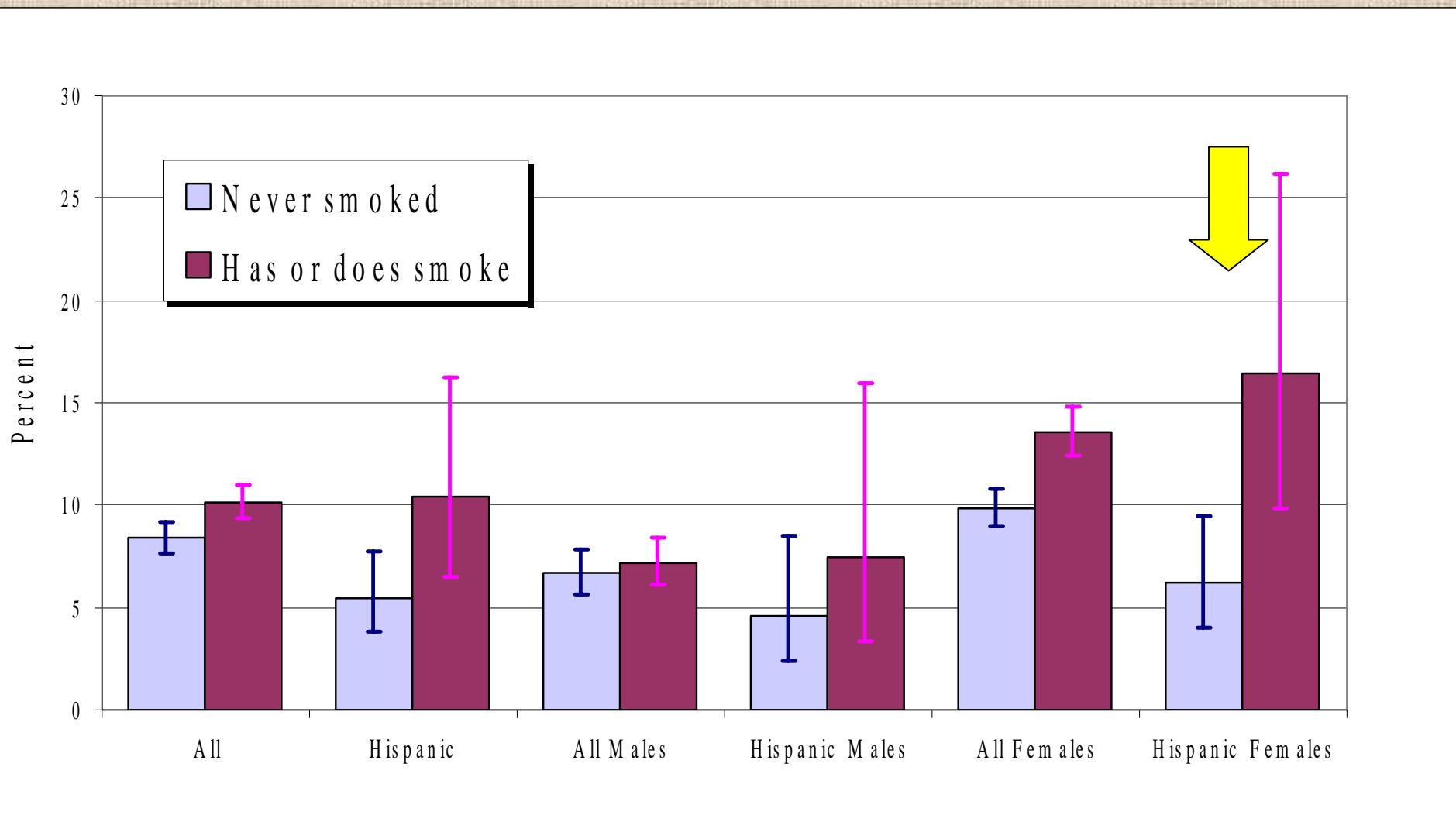
Washington state asthma prevalence by race/ethnicity,  
2003-2004 BRFSS



Smoking and obesity are important risk factors linked with higher asthma prevalence.

*How did these risk factors affect the asthma prevalence rates of Washington Hispanics?*

# Effects of Smoking on Asthma Prevalence by Gender, all Respondents vs. Hispanic only, 2003-2004 WA State BRFSS



**Hispanic women who smoked  
were 2 ½ times more likely to  
have asthma than non-smoking  
Hispanic women.**

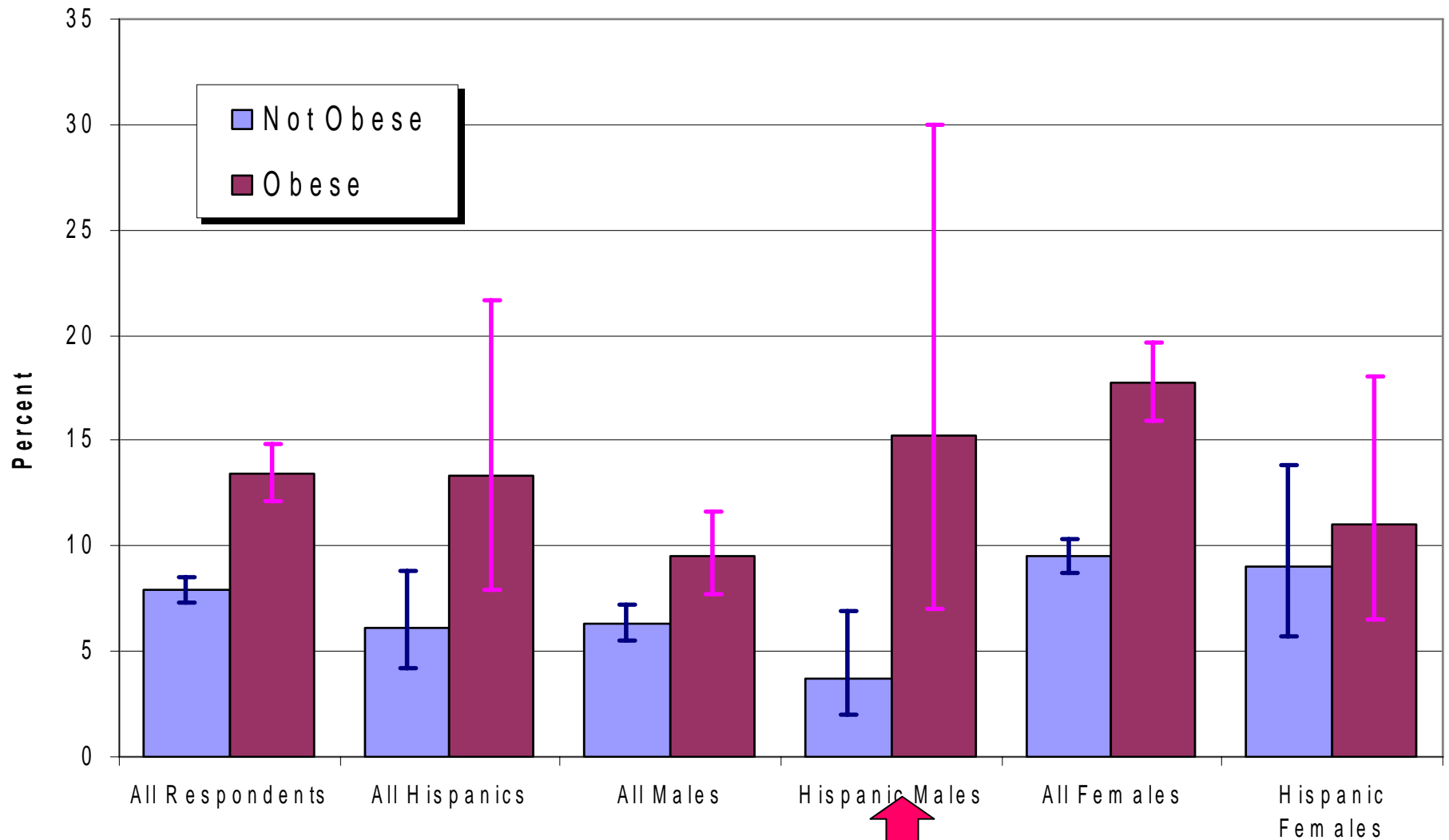


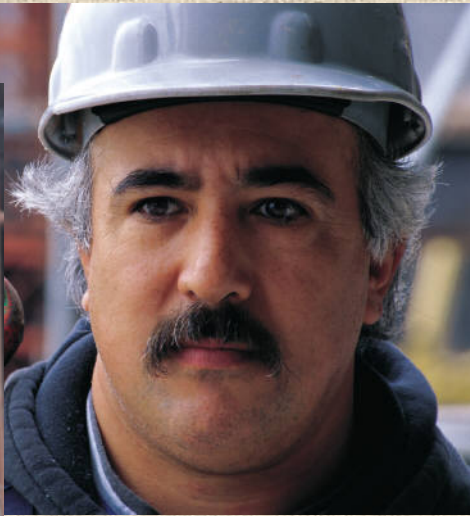
Magaly Rodriguez, NRCS, Soil Conservation Tech.  
**USDA Photo by:** Bob Nichols





# Asthma prevalence by obesity and gender, All respondents vs. Hispanics only, 2003-2004 WA State BRFSS





**Hispanic men  
were four times  
more likely to  
have asthma if  
they were obese  
than if they were  
not obese**



# SUMMARY:

Although asthma prevalence data of all Hispanics combined showed low asthma rates, other evidence implied this was not accurate.

1. Higher asthma prevalence is usually associated with lower income; however that association was reversed among Washington Hispanics.



## **(summary, continued)**

2. Hispanics were significantly more likely to be without medical insurance, to not have a regular doctor and to have been unable to afford medical care when needed.
3. Hispanics who were surveyed in English had three times higher asthma prevalence rates than those who were surveyed in Spanish.
4. Asthma prevalence among Hispanics was disproportionately higher among women who smoked and among men who were obese.



# CONCLUSIONS:

- It is important to investigate further when initial summary data conflicts with other evidence
  - Analysis of prevalence among sub-populations may reveal important disparities and pockets of high prevalence

Discovering pockets of high prevalence may provide an important tool to address disparities and maximize program outcomes, since interventions can be targeted where they will do the most good.



Access to medical care may be an important factor to consider when assessing disease prevalence among low-income populations.



# *Caveat*

*“If you torture the data sufficiently, it will confess to almost anything.”*

- Fred Menger

**View results with caution!**



## **Special Thanks to:**

**Vicki Ybarra and John Thayer** from the Yakima Migrant Farm Workers' Clinic for identifying and articulating the need for additional data analysis for Hispanics in Washington State.

**Amy Manchester Harris**, Asthma Program Manager, Washington State Department of Health, for assistance and encouragement to pursue this project.

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Comments and feedback are always appreciated

*Thank you!*

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HEALTHIER WASHINGTON**